## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

12/24/2000

7590

SNELL & WILMER L.L.P. (Main) 400 EAST VAN BUREN ONE ARIZONA CENTER PHOENIX AZ 85004-2202

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

20322

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Ston ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required) Blocks I through 5 should be completed where appropriate. All interther correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address a indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying

THOE WAY, THE	03001 2202								(Depositor's name)	
						FILED BY	EFSV	VEB	(Signature)	
									(Dute)	
APPLICATION NO.	. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.		CONFIRMATION NO.	
10/663,010 09/15/2003				Tim Clarot				33205.0800	1757	
TITLE OF INVENTION MEMBRANE	ON: COMPOSITIONS	TO RI	EDUCE CONGES	TION AND METHO	ODS	FOR APPLICA	rion 1	THEREOF TO THE	NASAL	
APPLN. TYPE	SMALL ENTITY	ALL ENTITY IS		PUBLICATION FEE I		PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1510		\$300		\$0		\$1810	03/24/2010	
EXAMINER			ART UNIT	UNIT CLASS-SUBCLAS		-0.0				
ALSTRUM ACEVEDO, JAMES HENRY			1616	514-396000						
1. Change of correspondence address or indication of "Foe Address" (37 CFR 1.53)  Change of correspondence address (or Change of Correspondence Address form FTO/SB/122) attached.  "Fee Address" indication (or "Foe Address" Indication form FTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of too ragents OR, alter (2) the name of a registered attorney 2 registered patent	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (large as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 11sted, no name with be printed.					
(A) NAME OF ASSI ZICAM, L	that will appear on the patent. If an assignce is identified below, the document has been filed for Ta substitute for filing an assignants.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  SCOTTSDALE, ARIZONA  rinted on the patent):   Individual  Corporation or other private group entity.									
4a, The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  5. Change in Entity Status (from status indicated above)				b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  A the Director is hereby authorized to charge the regulared fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2914 (enclose an extra copy of this form).						
	itus (from status indicate ns SMALL ENTITY stat			☐ b. Applicant is no	lon	ger claiming SMA	LL EN	TITY status. See 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee ar	nd Publication Fee (if req records of the United St	uired) ates Pa	will not be accepte tent and Trademark	d from anyone other to Office.	han t	he applicant; a reg	istered a	attorney or agent; or th	ne assignee or other party in	
Authorized Signature	ne Cynthia L. I	pill	ote			Date	3/2 10. 42	z//o		
	nation is required by 37 0 stiality is governed by 35 d application form to the tions for reducing this but Virginia 22313-1450. De-			on is required to obtain 1.14. This collection of depending upon the le Chief Information C COMPLETED FORM	or is est indiv				by the USPTO to process g gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450.	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033